

First Report (Input Form)

Client: Evans City Emp/Vol: Reports: License: License Holder: L: All New Patients: Reference: Notes: Administration: Help

File Edit View Options Window Help

Patient Information:		Name: JIM		SSN: 494-94-9494		DOB: 10/18/1959	
Report Date: 10/21/1999		Injury Information:		City: CONCORD		State: CA	
12. Injured at Address: 234 CONTRA COSTA BLD		Zipcode: 94543-3003		County: CONTRA COSTA			
13. Date and hour of injury or onset of illness: 10/18/1999		Time: 08:00		AM		PM	
14. Date last worked: 10/18/1999		Time: 08:00		AM		PM	
15. Date and hour of first examination or treatment: 10/17/1999		Time: 08:00		AM		PM	
16. Have you (or your office) previously treated patient? <input type="radio"/> Yes <input checked="" type="radio"/> No		16a. Treated under any health plan for this incident? <input type="radio"/> Yes <input checked="" type="radio"/> No		16b. Health Plan Name: BLUE CROSS			
17. Patient's Description of how the Accident or Exposure Occurred:							
A. Description: "LIFTING A 400# PRODUCE BOX FROM THE FLOOR, WHEN I FELT SHARP BACK PAIN"							
B. Relevant Past History: "FREQUENT LUMBARSACRAL STRAINS"							
C. Description of present occupational duties: "Heavy Lifting"							
D. Relevant leisure activities: "WEEKEND FOOTBALL, SKIING, SAILING"							
E. Does employee have 2nd job? <input type="radio"/> Yes <input checked="" type="radio"/> No							
If yes, Employer Name: MT ROSE SKI RESORT							

for Workers' Compensation

Operator's First Report

StarForm5021 Microsoft 9/2/99 SlideView: Worker's Comp

Date and Time: 10/21/99 10:11:01 AM

10/21/99 10:18 AM

FIGURE 62

Input Form

Claims Verification Service - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print

Address http://216.103.197.67/stellarnet/patient/claim/edinput/claim_form.asp

Links [Best of the Web](#) [Chrysler Guide](#) [Customer Links](#) [Internet Explorer News](#) [Internet Start](#) [RealPlayer](#)

e-Stellarnet

Claims Verification Service

Enter Patient Details (All fields are required.)

Click here for batch verification.

Last Name: SMITH

First Name: Sue

SSN: 565340665

Date of Injury: 10-24-1999

Employer: Railway Express

Payer Name: CSSG

[Back](#) [Home](#) [Demo/Help](#)

Internet Explorer 4.01 (Service Pack 4) Internet Zone 10/24/99 10:15 AM

Figure 8 A

Result Page

Claims Verification Service - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Favorites Mail Print

Address: http://216.103.197.67/e-stellarnet/patient/claim/entry/0/spdy_detail.asp

Links: e-Store of the Web e-Product Guide e-Insurance Links e-Internet Explorer News e-Internet Start e-News Page

e-Stellarnet

Claims Verification Service

Patient details

Last Name: SMITH
BSN: 505340665
Employer: Railway Express
Payer Name: CSGC
Status: ☒ Accepted ☐ Rejected ☐ Delayed
First Name: Sue
Date of Injury: 10/24/99
Claim Number: CA3336848399
Payer ID: WCO34

[Click here to perform another lookup](#)

[Back Home Data Menu](#)

Internet zone 1:41 PM
e-Store of the Web e-Product Guide e-Insurance Links e-Internet Explorer News e-Internet Start e-News Page
e-Store of the Web e-Product Guide e-Insurance Links e-Internet Explorer News e-Internet Start e-News Page

Figure 8B

E-STEELARNET EARLY CLAIMS ALERT.....TEST MAIL.....

Edo Edg New Todd Compose Help

support@estelarnet.com

Date: Saturday, December 04, 1999 1:22 AM

Go to **SUNNY@CSWL.COM**

SUBJECT: ESTELLANET EARLY CLAIMS ALERT. --TEST MAIL--

Date: 12/3/99

Last Name : BOYD

First Name : JOSEPH

Social Security : 554 11 / 23 11

Date of injury : 04/12/1999

Employer: MICMILLAN IES
 Director: CMMC

Player Civility

Asian

EXPAND

Expand

Home

Microsoft

Demo

demo

CWIN

E-S E...

N28A

FIGURE 8C

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.